

# CITY OF BROOKLYN

7619 Memphis Avenue  
Brooklyn, OH 44144  
Phone: (216) 351-2133 ♦ Fax: (216) 351-5800

November 14, 2005

## ATTENTION CONTRACTORS:

Enclosed is a City of Brooklyn Contractor Registration Form, an Ohio Utility Protection Services Form and a Contractor Questionnaire.

If your company provides services specified on the Questionnaire, please fill it out and submit it with your Registration Form. This information will allow the Building Department to assist residents seeking qualified Contractors.

A separate registration fee is required for EACH Contractor classification (General, Electric, Plumbing and/or HVAC).

Contractor Registration for the year 2006 will commence on December 1, 2005.

Included in this packet is a statement which you must sign acknowledging you are aware of the responsibility to notify the Ohio Utilities Protection Service when and if you dig. You may contact the Ohio Utilities Protection Service at 1-800-362-2764 for further information.

**NOTE: Please request inspections a MINIMUM of 24 hours in advance.**

**We will make every attempt to provide timed inspections, but we CANNOT guarantee prompt arrival at all times.**

Sincerely,  
City of Brooklyn

*Thomas J. Ockington*

Thomas J. Ockington,  
Building Commissioner

**APPLICATION FOR CONTRACTORS REGISTRATION  
CITY OF BROOKLYN, OHIO**

7619 Memphis Avenue, Brooklyn, OH 44144-2197 ♦ Phone: (216) 351-2133 ♦ FAX: (216) 351-5800

**TYPE OR PRINT CLEARLY**

**FEE: \$ 75.00 EACH REGISTRATION**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

**\*\*NOTE – Separate Registration is required for EACH classification, if applicable.**

Cash / Check # \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MasterCard / VISA#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with the requirements of the Codified Ordinances of the City of Brooklyn, Ohio, the undersigned does hereby make application for a Certificate of Registration as a -- **GENERAL ELECTRICAL LOW VOLTAGE PLUMBING HVAC FIRE PROTECTION** -- (fill out separate registration forms for each registration) Contractor and in consideration of said Certificate submits:

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Federal ID #: \_\_\_\_\_ - \_\_\_\_\_

**Officers of the Company:** (Name, Address and Title) **Business Type:** Corporation -- Partnership -- Sole Proprietor

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Employees: \_\_\_\_\_

- ❖ **Certificate of Insurance naming the City of Brooklyn as Certificate Holder MUST be attached.**  
(Minimum \$300,000.00)
- ❖ **Electrical, Plumbing, and HVAC contractors MUST attach a copy of their State of Ohio License.**
- ❖ **Electrical, Plumbing, and HVAC Contractors doing 1,2 & 3 Family work ONLY may register with a copy of a license issued by a Municipality after written examination.**

I do hereby certify that I am familiar with the requirements of the "Building Codes", that all required permits will be obtained, and all Ordinances of the City of Brooklyn strictly observed subject to forfeiture of the Certificate of Registration.

Has your Certificate of Registration ever been suspended or revoked? Yes / No If so, when? \_\_\_\_\_  
Have you ever been convicted of a violation of the Building Code? Yes / No If so, when? \_\_\_\_\_

List other Municipalities in which you hold Licenses or Registrations: (List Municipality, License number and Date issued):

Municipality: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Municipality: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note – IMPORTANT – this form MUST BE signed by an Officer of the Company and notarized!** (Notary stamp and seal must be visible).

\_\_\_\_\_, being first duly sworn according to law, deposes and says that he / she is the applicant and \_\_\_\_\_ (Title) of the \_\_\_\_\_ (Company Name) and that the facts contained in and attached to the foregoing application are true to the best of his / her knowledge and belief.  
SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

**Applicant Signature**

**Notary Signature**

**Note to Contractors:** A permit is required for ALL types of work! Any Subcontractors that you may employ, MUST OBTAIN A CERTIFICATE OF REGISTRATION with the City of Brooklyn, Ohio.

**Special Note:** It is YOUR responsibility as a contractor to remove all construction debris from premises where the work is being done, and to notify any Subcontractors that you may employ to register and to obtain any permits that are necessary!

**OHIO UTILITY PROTECTION SERVICE  
O.U.P.S.  
1-800-362-2764**

**I hereby acknowledge I am aware it is my responsibility to comply with the all of the rules and regulations of the Ohio Utility Protection Service as specified in the Ohio Revised Code, including but not limited to notifying the Ohio Utilities Protection Service a minimum of forty eight hours, but not more than ten days, before digging.**

**I further acknowledge that I am aware that failure to comply with the rules and ordinances of the City of Brooklyn, and/or the State of Ohio Utility Protection Service may result in the forfeit of construction and/or street opening deposits, and/or revocation of my City of Brooklyn contractor registration.**

**I am aware I will be given a reference number by the Ohio Utility Protection Service, and that I must retain this number for verification of compliance.**

**COMPANY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**APPLICANT** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_

THIS FORM MUST BE SIGNED, DATED, AND ATTACHED TO THE  
CONTRACTOR REGISTRATION FILE.

# CITY OF BROOKLYN QUESTIONNAIRE

**\*\* ATTENTION CONTRACTORS \*\***

**CONTRACTOR NAME:**

Choosing from the list below –  
**WRITE** your **PRIMARY** type of work here: \_\_\_\_\_

In addition, please indicate with a check mark (✓) on the appropriate line below **UP TO FIVE** additional types of work you would be available for:

- |   |   |
|---|---|
| <input type="checkbox"/> Asbestos abatement contractor  | <input type="checkbox"/> Low voltage / communications     |
| <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Masonry                          |
| <input type="checkbox"/> Chimney cleaning / repair  | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Demolition   | <input type="checkbox"/> Painting / exterior              |
| <input type="checkbox"/> Drywall / plastering   | <input type="checkbox"/> Painting / interior              |
| <input type="checkbox"/> Electrical – commercial  | <input type="checkbox"/> Patio / Deck / Enclosures        |
| <input type="checkbox"/> Electrical - residential   | <input type="checkbox"/> Paving / Asphalt                 |
| <input type="checkbox"/> Excavation   | <input type="checkbox"/> Paving / Concrete                |
| <input type="checkbox"/> Fences   | <input type="checkbox"/> Power washing                    |
| <input type="checkbox"/> Fireplace install / construction   | <input type="checkbox"/> Plumbing - commercial            |
| <input type="checkbox"/> Floor covering / tile setter   | <input type="checkbox"/> Plumbing – residential           |
| <input type="checkbox"/> Gas line repair – State certified YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> Roofing                          |
| <input type="checkbox"/> Garages  | <input type="checkbox"/> Room additions                   |
| <input type="checkbox"/> General remodeling   | <input type="checkbox"/> Sewer                            |
| <input type="checkbox"/> Gutters / downspouts   | <input type="checkbox"/> Siding                           |
| <input type="checkbox"/> Handyman   | <input type="checkbox"/> Signs                            |
| <input type="checkbox"/> Hauling  | <input type="checkbox"/> Snow plowing                     |
| <input type="checkbox"/> HVAC - commercial  | <input type="checkbox"/> Sprinkler / Suppression / Alarms |
| <input type="checkbox"/> HVAC - residential   | <input type="checkbox"/> Storage sheds                    |
| <input type="checkbox"/> Insulation   | <input type="checkbox"/> Tent installer                   |
| <input type="checkbox"/> Kitchen / bath remodeling  | <input type="checkbox"/> Tree service                     |
| <input type="checkbox"/> Landscaping  | <input type="checkbox"/> Water control                    |
| <input type="checkbox"/> Lawn sprinklers  | <input type="checkbox"/> Waterproofing                    |
| <input type="checkbox"/> Lead abatement contractor  | <input type="checkbox"/> Window / Door replacement        |

**\*\* IMPORTANT \*\***

PLEASE RETURN THIS INFORMATION SHEET ALONG WITH YOUR  
GENERAL REGISTRATION